

9550

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

## PLACE OF DEATH

County \_\_\_\_\_  
 District \_\_\_\_\_  
 Town \_\_\_\_\_  
 Or City \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 106

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 67Local Registrar's No. 30

No. \_\_\_\_\_  
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME

Clella Fuller

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White Indian Black Chinese Mexican  
 SINGLE MARRIED WIDOWED OR DIVORCED  
 DATE OF BIRTH 8 3 1920  
 (Month) (Day) (Year)  
 AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 days, \_\_\_\_\_ hrs., or \_\_\_\_\_ min.  
 If less than 1 day

OCCUPATION  
 (a) Trade, profession or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed or (employer) \_\_\_\_\_

BIRTHPLACE (State or country) Hubbard

NAME OF FATHER Thurs Fuller

BIRTHPLACE OF FATHER (State or country) Utah

MAIDEN NAME OF MOTHER Mary Hubbard

BIRTHPLACE OF MOTHER (State or country) Hubbard

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wilford Peterson

(Address) Hubbard

PLACE OF BURIAL OR REMOVAL Pinad DATE OF BURIAL OR REMOVAL 14 1920

UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8 17 1920  
 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 8.3 1920 to 8/10 1920; that I last saw her alive on 8/10 1912, and that death occurred on the date stated above at 12 A. M. The DISEASE or INJURY causing death was as follows:

Idiurus Neonatorum

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

Was disease contracted in Arizona?

If not, where? \_\_\_\_\_

CONTRIBUTORY Premature Birth

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

(Signed) J. W. Harris

1920 (Address) \_\_\_\_\_

\*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In Arizona \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Former or Usual Residence

Filed 9-5-20 Alma Burns  
 Local Registrar

Filed 9-10-20 J. G. Stratton  
 County Registrar